



Sesteman Laibirihan Puplekon Guåhan
GUAM PUBLIC LIBRARY SYSTEM
Government of Guam



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Maga'håga

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Request for Library Tour

Date: _____

Name of School or Organization: _____

Point of Contact: _____

Contact Phone No.: _____ Cell: _____ Fax: _____

Location of visit: _____

Date(s) of visits: _____

Time: From: _____ To: _____

Purpose of Visit: _____

Please provide the following information to assist with GPLS statistics:

Expected Number of Participants:

Adult: _____ Children: _____

If School Requesting:

Grade level/Count of students _____

Grade level/Count of students _____

Grade level/Count of students _____

Waiver of Liability

The Guam Public Library System, its staff and volunteers shall be held harmless from any and all damages or liabilities that may be sustained during the Library Tour requested herein.

Print Name & Signature